

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  X <i>LES W BRADSHAW</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Pauline Bradshaw  P.O. Box 55  Wellington, NV 89444</p>		<p>B. Received by (Printed Name) <i>Les W Bradshaw</i> C. Date of Delivery <i>9-7-10</i></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number  (Transfer from service) <b>7011 1150 0002 4769 5874</b></p>			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

U.S. Postal Service™ <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>		
<b>OFFICIAL USE</b>		
WELLINGTON NV 89444		
Postage	\$ 9.70	0529
Certified Fee	\$2.95	05
Return Receipt Fee (Endorsement Required)	\$2.35	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	29
Total Postage & Fees	\$ 15.00	08/29/2012
Sent by <i>Pauline Bradshaw</i>		
Street, Apt. No., or PO Box No.		
City, State, ZIP+4		
PS Form 3800, August 2006 See Reverse for Instructions		



**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEVADA**

UNITED STATES OF AMERICA,

Plaintiff,

WALKER RIVER PAIUTE TRIBE,

Plaintiff-Intervenor,

vs.

WALKER RIVER IRRIGATION DISTRICT,  
a corporation, et al.,

Defendants.

MINERAL COUNTY,

Proposed-Plaintiff-Intervenor,

vs.

WALKER RIVER IRRIGATION DISTRICT,  
a corporation, et al.,

Proposed Defendants.

IN EQUITY NO. C-125-RCJ-WGC

Subproceeding: C-125-C

3:73-CV-00128-RCJ-WGC

**WAIVER OF PERSONAL SERVICE OF  
NOTICE IN LIEU OF SUMMONS**

TO: Simeon Herskovits, attorney for Proposed Plaintiff-Intervenor Mineral County, Nevada:

I acknowledge receipt of your request that I waive personal service of the documents involving the Motion for Intervention of Mineral County, Nevada, in the action of United States of America, Plaintiff v. Walker River Irrigation District et al., Defendants, which is Case No. C-125, Subfile No. C-125-C, docket number 3:73-cv-00128-RCJ-WGC, in the United States District Court for the District of Nevada. I also have received two copies of this waiver, a copy of the Notice of Motion and Motion for Intervention of Mineral County, the Proposed Petition to Intervene, the Amended Complaint in Intervention and Amended Points and Authorities in Support of the Amended Complaint in Intervention, and the Motion for Preliminary Injunction of

1 Mineral County, and the Order Relating to Completion of Service, which includes as attachments  
 2 a Notice of Appearance and Intent to Participate form, a Disclaimer of Interest in Water Rights  
 3 and Notice of Related Information and Documentation Supporting Disclaimer form, a Joint  
 4 Motion for Substitution of Parties Following Transfer of Interest form, and a Statement Noting  
 5 Death form. I also have received a self addressed stamped envelope by which I can return this  
 6 signed waiver to you without cost to me.  
 7

8 I, or the entity I represent, agree to save the expense of personal service of a notice in lieu  
 9 of summons and the above-described documents.

10 I understand that I, or the entity on whose behalf I am acting, will retain all defenses or  
 11 objections to this matter or to the jurisdiction or venue of the Court except for objections based  
 12 on a defect, if any, in the manner in which these documents have been provided to me.  
 13

14 I understand that if I, or the entity on whose behalf I am acting, do not file a Notice of  
 15 Appearance and Intent to Participate within 30 days, and if the Court enters further orders with  
 16 respect to answers or other responses to the Notice of Motion and Motion for Intervention,  
 17 Proposed Petition to Intervene, Amended Complaint in Intervention, or the Motion for  
 18 Preliminary Injunction, that I, or the entity on whose behalf I am acting, shall nevertheless be  
 19 deemed to have notice of those subsequent orders of the Court.  
 20

21 DATED this 13<sup>th</sup> day of Nov., 2012.

*Pauline Bradshaw*

(Signature)

PAULINE BRADSHAW

(Printed name and title, if any)

(Company or entity, if any)



UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEVADA

NOV 15 2012

CLERK US DISTRICT COURT  
DISTRICT OF NEVADA

BY: Copy R. R. R. DEPUTY

UNITED STATES OF AMERICA,

Plaintiff,

WALKER RIVER PAIUTE TRIBE,

Plaintiff-Intervenor,

vs.

WALKER RIVER IRRIGATION DISTRICT,  
a corporation, et al.,

Defendants.

MINERAL COUNTY,

Proposed-Plaintiff-Intervenor,

vs.

WALKER RIVER IRRIGATION DISTRICT  
a corporation, et al.

Proposed Defendants.

IN EQUITY NO. 0125-RCJ-WGC  
Subproceeding C-125-C

3:73-cv-00128-RCJ-WGC

**NOTICE OF APPEARANCE AND  
INTENT TO PARTICIPATE**

TO: Counsel of record for Mineral County, Nevada, the Walker River Irrigation District, United States, Walker River Paiute Tribe, State of Nevada, State of California, and the United States Board of Water Commissioners.

You are hereby notified that PAULINE BRADSHAW enters an appearance of record in the above-captioned matter. The mailing address of PAULINE BRADSHAW or its legal counsel, is as follows and service of all orders, pleadings and other documents filed in this matter shall be complete upon mailing to this address.

(provide mailing address) P.O. Box 55, WELLINGTON, NV 89444

**CERTIFICATE OF SERVICE**

I hereby certify that I have deposited in United States mail, postage prepaid, a true and correct copy of this Notice of Appearance and Intent to Participate in an envelope addressed to:

Simeon M. Herskovits  
Advocates for Community and Environment  
P.O. Box 1075  
El Prado, New Mexico 87529  
*Attorney for Mineral County*

Marta Adams  
Deputy Attorney General  
State of Nevada  
100 North Carson Street  
Carson City, NV 89701  
*Attorney for State of Nevada*

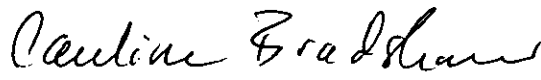
Gordon H. DePaoli  
Dale E. Ferguson  
Woodburn and Wedge  
6100 Neil Road, Suite 500  
Reno, Nevada 89511  
*Attorneys for Walker River Irrigation District*

Wes Williams  
Law Offices of Wes Williams Jr.  
P.O. Box 100  
Schurz, NV 89427  
*Attorney for Walker River Paiute Tribe*

Susan L. Schneider  
U.S. Department of Justice  
Environment and Natural Resources Division  
999 18th Street  
South Terrace, Suite 370  
Denver, CO 80202  
*Attorney for United States*

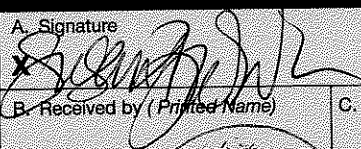
Michael Neville  
455 Golden Gate Avenue, #11000  
PO Box 944255  
San Francisco, CA 94102  
*Attorney for State of California*

Karen A Peterson  
Allison MacKenzie Russell Pavlakis  
Wright & Fagan, Ltd.  
402 North Division St.  
P.O. Box 646  
Carson City, NV 89703  
*Attorney for U.S. Board of Water Commissioners*

  
(signature)

PAULINE BRADSHAW  
(print or type name)

\_\_\_\_\_  
(print or type name of entity if applicable)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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<p>1. Article Addressed to:</p> <p>Susan L. Brown 385 Hyacinth St. Sparks, NV 89436</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7011 1150 0002 4769 5812</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>		
SPARKS NV 89436		
Postage	\$ 9.70	<p>0529</p> <p>05 Postmark Here</p> <p>08/29/2012</p> <p>EL PRADO</p>
Certified Fee	\$ 2.95	
Return Receipt Fee (Endorsement Required)	\$ 2.35	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 15.00	
<p>Sent To <u>Susan L. Brown</u></p> <p>Street, Apt. No., or PO Box No. _____</p> <p>City, State, ZIP+4 _____</p>		
PS Form 3800, August 2006		See Reverse for Instructions



UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEVADA

UNITED STATES OF AMERICA,

Plaintiff,

WALKER RIVER PAIUTE TRIBE,

Plaintiff-Intervenor,

vs.

WALKER RIVER IRRIGATION DISTRICT,  
a corporation, et al.,

Defendants.

MINERAL COUNTY,

Proposed-Plaintiff-Intervenor,

vs.

WALKER RIVER IRRIGATION DISTRICT,  
a corporation, et al.,

Proposed Defendants.

IN EQUITY NO. C-125-RCJ-WGC

Subproceeding: C-125-C

3:73-CV-00128-RCJ-WGC

**WAIVER OF PERSONAL SERVICE OF  
NOTICE IN LIEU OF SUMMONS**

TO: Simeon Herskovits, attorney for Proposed Plaintiff-Intervenor Mineral County, Nevada:

I acknowledge receipt of your request that I waive personal service of the documents involving the Motion for Intervention of Mineral County, Nevada, in the action of United States of America, Plaintiff v. Walker River Irrigation District et al., Defendants, which is Case No. C-125, Subfile No. C-125-C, docket number 3:73-cv-00128-RCJ-WGC, in the United States District Court for the District of Nevada. I also have received two copies of this waiver, a copy of the Notice of Motion and Motion for Intervention of Mineral County, the Proposed Petition to Intervene, the Amended Complaint in Intervention and Amended Points and Authorities in Support of the Amended Complaint in Intervention, and the Motion for Preliminary Injunction of



1 Mineral County, and the Order Relating to Completion of Service, which includes as attachments  
2 a Notice of Appearance and Intent to Participate form, a Disclaimer of Interest in Water Rights  
3 and Notice of Related Information and Documentation Supporting Disclaimer form, a Joint  
4 Motion for Substitution of Parties Following Transfer of Interest form, and a Statement Noting  
5 Death form. I also have received a self addressed stamped envelope by which I can return this  
6 signed waiver to you without cost to me.  
7

8 I, or the entity I represent, agree to save the expense of personal service of a notice in lieu  
9 of summons and the above-described documents.

10 I understand that I, or the entity on whose behalf I am acting, will retain all defenses or  
11 objections to this matter or to the jurisdiction or venue of the Court except for objections based  
12 on a defect, if any, in the manner in which these documents have been provided to me.  
13

14 I understand that if I, or the entity on whose behalf I am acting, do not file a Notice of  
15 Appearance and Intent to Participate within 30 days, and if the Court enters further orders with  
16 respect to answers or other responses to the Notice of Motion and Motion for Intervention,  
17 Proposed Petition to Intervene, Amended Complaint in Intervention, or the Motion for  
18 Preliminary Injunction, that I, or the entity on whose behalf I am acting, shall nevertheless be  
19 deemed to have notice of those subsequent orders of the Court.  
20

21 DATED this 19 day of September, 2012.

22   
(Signature)

23 Susan Brown  
(Printed name and title, if any)

24  
25  
26  
27  
28  
(Company or entity, if any)



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> <i>Victoria Bryan</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Vernon F. Bryan            539 Lower Colony Road            Wellington, NV 89444</p>		<p>B. Received by (Printed Name)  <i>Victoria Bryan</i></p> <p>C. Date of Delivery  <i>8-31-12</i></p>	
<p>2. Article Number            (Transfer from service label)</p> <p>7011 1150 0002 4769 5829</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>PS Form 3811, February 2004</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

U.S. Postal Service™		
CERTIFIED MAIL™ RECEIPT		
(Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>		
OFFICIAL USE		
WELLINGTON NV 89444		
Postage	\$ 9.70	0529
Certified Fee	\$2.95	05
Return Receipt Fee (Endorsement Required)	\$2.35	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	08/29/2012
Total Postage & Fees	\$ 15.00	053-87529
Sent To <i>Vernon F. Bryan</i>		
Street, Apt. No., or PO Box No.		
City, State, ZIP+4		
PS Form 3800, August 2006 See Reverse for Instructions		





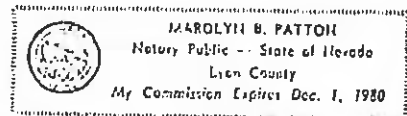
the day and year first above written.

*Vernon F. Bryan*  
VERNON F. BRYAN

STATE OF NEVADA )  
 ) ss.  
COUNTY OF LYON )

On this 11<sup>th</sup> day of August, 1977, before me, a notary public, personally appeared VERNON F. BRYAN, who acknowledged to me that he executed the foregoing Quitclaim Deed.

*Marolyn B. Patton*  
Notary Public



Documentary Transfer Tax \$        
☐ Computed on full value of property conveyed; or  
☐ Computed on full value of property conveyed and encumbrances remaining thereon at date of conveyance.

*Marolyn B. Patton*  
Signature of declarant or agent determining tax-firm name.

33422  
OFFICIAL RECORDS  
RECORDED  
INDEXED  
AUG 15 PM 4:30  
Ren Banta  
4090 St. Louis



## STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

Case 3:73-cv-00128-RCJ-WGC Document 4 Filed 01/09/13 Page 12 of 17

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH  
VITAL STATISTICS

## STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

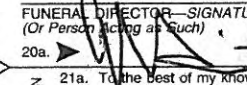
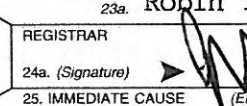
## DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

## CERTIFICATE OF DEATH

2003 0004349

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEASED—NAME First Middle Last 1. <b>Vernon Franklin BRYAN Jr.</b>			DATE OF DEATH (Month, Day, Year) 2. <b>March 25, 2003</b>		COUNTY OF DEATH 3a. <b>Lyon</b>
CITY, TOWN OR LOCATION OF DEATH 3b. <b>Yerington</b>		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. <b>South Lyon Medical Center</b>		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. <b>Inpatient</b>	SEX 4. <b>Male</b>
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. <b>White</b>	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. <b>57</b>	UNDER 1 YEAR MOS : DAYS 7b.	UNDER 1 DAY HOURS : MINS 7c.	DATE OF BIRTH (Mo., Day, Yr.) 8. <b>June 21, 1945</b>
STATE OF BIRTH (If not U.S.A., name country) 9a. <b>Nevada</b>	CITIZEN OF WHAT COUNTRY 9b. <b>USA</b>	Decedent's Education. Specify highest grade completed. 10. <b>12</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. <b>Divorced</b>		SURVIVING SPOUSE (If wife, give maiden name) 12. <b>—</b>
SOCIAL SECURITY NUMBER 13. <b>530-30-4252</b>	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. <b>Farmer</b>	KIND OF BUSINESS OR INDUSTRY 14b. <b>Argiculture</b>			
RESIDENCE—STATE 15a. <b>Nevada</b>	COUNTY 15b. <b>Lyon</b>	CITY, TOWN, OR LOCATION 15c. <b>Wellington</b>	STREET AND NUMBER 15d. <b>539 Lower Colony Rd</b>	INSIDE CITY LIMITS (Specify Yes or No) 15e. <b>NO</b>	
FATHER—NAME First Middle Last 16. <b>Vernon F. Bryan</b>			MOTHER—MAIDEN NAME First Middle Last 17. <b>Ruth Ann Wood</b>		
INFORMANT—NAME (Type or Print) 18a. <b>Michael Bryan, Son</b>			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. <b>PO Box 121 Wellington, NV 89444</b>		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>Cremation</b>		CEMETERY OR CREMATORY—NAME 19b. <b>Sierra Crematory</b>		LOCATION City or Town State 19c. <b>Carson City Nevada</b>	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. 		FUNERAL DIRECTOR LICENSE NUMBER 20b. <b>614</b>		NAME AND ADDRESS OF FACILITY 20c. <b>Freitas Ruprecht Funeral Home 25 Hwy 208 Yerington, Nevada 89447 10</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21b. <b>03/26/2003</b>			22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 22b. <b>03/26/2003</b>		
HOUR OF DEATH 21c. <b>0310</b>			HOUR OF DEATH 22c.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. <b>Robin Titus, MD PO Box 377 Wellington, Nevada 89447</b>			LICENSE NUMBER 23b. <b>4617</b>		
REGISTRAR 24a. (Signature) 			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. <b>March 26, 2003</b>		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) <b>Respiratory Arrest</b> DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death : <b>Minutes</b>		
(b) <b>Bone &amp; Brain Metastasis</b> DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death : <b>3 Months</b>		
(c) <b>Lung Cancer</b> DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death : <b>2 Years</b>		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			AUTOPSY (Specify Yes or No) 26. <b>NO</b>		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. <b>NO</b>
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. <b>M</b>	DESCRIBE HOW INJURY OCCURRED 28d.		
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION. 28g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE

STATE REGISTRAR

No. 236885

Birth Cert# 1945 001410

464965

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

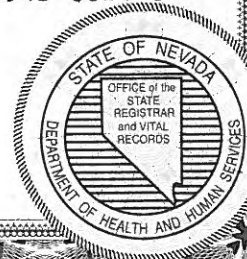
JAN 02 2013

STATE REGISTRAR

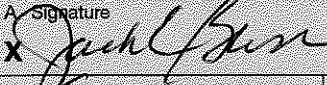

EXHIBIT A-12

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





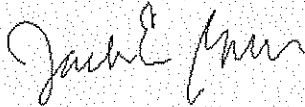
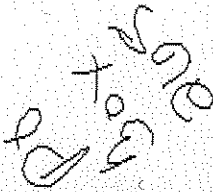
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:  <div style="text-align: center;"> Jack E. Bush  P.O. Box 265  Wellington, NV 89444 </div>		B. Received by (Printed Name)  C. Date of Delivery	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7011 1150 0002 4769 5881	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>		
WELLINGTON NV 89444		
Postage	\$ 49.70	
Certified Fee	\$ 2.95	
Return Receipt Fee (Endorsement Required)	\$ 2.35	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 15.00	
Sent To: Jack E. Bush		
Street, Apt. No., or PO Box No.		
City, State, ZIP+4		
PS Form 3800, August 2006 See Reverse for Instructions		



Track/Confirm - Intranet Item Inquiry  
Item Number: 7011 1150 0002 4769 5881

This item was delivered on 09/04/2012 at 15:50

Signature:	JACK E Bush 
Address:	

Enter Request Type and Item Number:

Quick Search ☒ Extensive Search ☐

[Explanation of Quick and Extensive Searches](#)

Version 1.0

Inquire on multiple items.

Go to the Product Tracking System Home Page.



Mineral County is in communication with attorneys for the State of California and expects service to be completed imminently.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  X <i>[Signature]</i> <span style="float: right;">Agent</span></p> <p>B. Received by (Printed Name) <i>[Signature]</i> <span style="float: right;">Addressee</span></p> <p>C. Date of Delivery <i>SEP 4 2012</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If YES, enter delivery address below.</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Claudia C. Casey  P.O. Box 5184  Fallon, NV 89406</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number  (Transfer from service label)</p> <p style="text-align: center;">7011 1150 0002 4769 5898</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> .	
FALLON NV 89406	
Postage	\$ 9.70
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 15.00</b>
0529 05 Postmark Here 08/29/2012	
<p>Sent To <i>Claudia Casey</i></p> <p>Street, Apt. No., or PO Box No.</p> <p>City, State, ZIP+4</p>	
PS Form 3800, August 2006 See Reverse for Instructions	



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> <i>C. Casey</i></p> <p>B. Received by (Printed Name)  <i>C. Casey</i></p> <p>C. Date of Delivery  <i>SEP 29 2012</i></p> <p>D. Is delivery address different from item 1?  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No            If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Michael A. Casey            P.O. Box 5184            Fallon, NV 89406</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number            (Transfer from service label)</p> <p>7011 1150 0002 4769 5904</p>		<p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
FALLON NV 89406	
Postage	\$ 9.70
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 15.00
<p>Sent To: <i>Michael Casey</i></p> <p>Street, Apt. No., or PO Box No.</p> <p>City, State, ZIP+4</p>	
<p>PS Form 3800, August 2006</p> <p>See Reverse for Instructions</p>	